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## FACSIMILE TRANSMITTAL

FROM: William C. Gehris (Reg. No. 38,156)      DATE: September 11, 2003

OUR REF: 600.1095

NO. OF PAGES (including cover): 8

### PLEASE DELIVER THE FOLLOWING TO:

*Recipients(s):*  
Senior Attorney John J. Gillon, Jr.

*Fax Number:*  
(703) 308-6916

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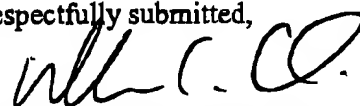
PETITIONS OFFICE

### MESSAGE:

Re.: Serial No.    09/696,812

**CONTRACTOR:      PLEASE MATCH THE ENCLOSED FACSIMILE  
WHICH WAS SENT ON AUGUST 26, 2003 TO  
THIS FILE.**

Respectfully submitted,

  
William C. Gehris (Reg. No. 38,156)

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**IF THERE ARE ANY PROBLEMS WITH RECEPTION OF THIS FAX,  
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PETITIONS OFFICE

### MESSAGE:

Re.: Serial No. 09/696,812

Dear Mr. Gillon:

Thank you for your assistance today. Please find enclosed the following documents:

- PTO-1083 Transmittal Form (1 page)
- Petition under 37 C.F.R. 1.137(b) (2 pages)
- Petition for Two Months Extension (1 page)
- Notice of Appeal (1 page)
- Fee Transmittal Form (1 page)

Respectfully submitted,

William C. Gehris (Reg. No. 38,156)

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Date: August 26, 2003

COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, VA 22313-1450

In re application of: **Hendrik FRANK**  
Serial No.: **09/696,812**  
Filed: **October 26, 2000**  
For: **SHEET TRANSPORT SYSTEM FOR A ROTARY PRINTING PRESS**

FAX RECEIVED

SEP 11 2003

PETITIONS OFFICE

Sir:

Transmitted herewith is an **Petition under 37 C.F.R. 1.137(b) (2 pages)** in the above-identified application.

- ☐ Small entity status under 37 C.F.R. 1.9 and 1.27 has been previously established.  
☐ Applicants assert small entity status under 37 C.F.R. 1.9 and 1.27.  
☒ No fee for additional claims is required.  
☐ A filing fee for additional claims calculated as shown below, is required:

(Col. 1)		(Col. 2)		SMALL ENTITY		OR	LARGE ENTITY	
FOR:	REMAINING	HIGHEST		RATE	FEE		RATE	FEE
	AFTER	PREVIOUSLY	PRESENT					
	AMENDMENT	PAID FOR	EXTRA					
TOTAL CLAIMS	* MINUS**	=	0	x \$	9		x \$	18
INDEP. CLAIMS	* MINUS***	=	0	x \$	40		x \$	80
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+	\$135		+	\$270

TOTAL: \$                      OR                      TOTAL: \$

- \* If the entry in Co. 1 is less than the entry in Col. 2, write "0" in Col. 3.  
 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.  
 \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- ☒ Also transmitted herewith are:  
☒ Petition for extension under 37 C.F.R. 1.136  
☒ Other: Notice of Appeal (1 page); Fee Transmittal Form (1 page)
- ☐ Check(s) in the amount of \$0.00 is/are attached to cover:  
☐ Filing fee for additional claims under 37 C.F.R. 1.16  
☐ Petition fee for extension under 37 C.F.R. 1.136  
☐ Other:
- ☒ The Assistant Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0552.
- ☒ Any filing fee under 37 C.F.R. 1.16 for the presentation of additional claims which are not paid by check submitted herewith.
- ☒ Any patent application processing fees under 37 C.F.R. 1.17.
- ☒ Any petition fees for extension under 37 C.F.R. 1.136 which are not paid by check submitted herewith, and it is hereby requested that this be a petition for an automatic extension of time under 37 CFR 1.136.

  
 William C. Gehris, Reg. No. 38,156  
 DAVIDSON, DAVIDSON & KAPPEL, LLC  
 485 Seventh Avenue, 14<sup>th</sup> Floor  
 New York, New York 10018  
 Tel: (212) 736-1940  
 Fax: (212) 736-2427

I hereby certify that this correspondence and/or documents referred to as attached therein and/or fee are being facsimile transmitted to the United States Patent and Trademark Office Facsimile number for Office of Petitions (703) 308-6916 Attn. Senior Attorney John J. Gillen, Jr. on August 26, 2003.

BY:   
 Jan M. Decker

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">for FY 2003</h3> <p style="margin: 0; font-size: small;">Effective 01/01/2003. Patent fees are subject to annual revision.</p>		<p style="margin: 0; font-weight: bold;">Complete if Known</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td style="width: 50%;">09/696,812</td> </tr> <tr> <td>Filing Date</td> <td>10/26/2000</td> </tr> <tr> <td>First Named Inventor</td> <td>Handrik FRANK</td> </tr> <tr> <td>Examiner Name</td> <td>Ren Yan</td> </tr> <tr> <td>Group / Art Unit</td> <td>2854</td> </tr> <tr> <td>Attorney Docket No.</td> <td>600.1095</td> </tr> </table>		Application Number	09/696,812	Filing Date	10/26/2000	First Named Inventor	Handrik FRANK	Examiner Name	Ren Yan	Group / Art Unit	2854	Attorney Docket No.	600.1095
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<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		<div style="border: 1px solid black; padding: 5px; font-weight: bold; font-size: 1.2em;">FAX RECEIVED</div> <div style="border: 1px solid black; padding: 5px; font-weight: bold; font-size: 1.2em;">SEP 11 2003</div>													
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<p style="margin: 0; font-weight: bold;">METHOD OF PAYMENT (check all that apply)</p> <p> <input type="checkbox"/> Check            <input type="checkbox"/> Credit card            <input type="checkbox"/> Money Order            <input type="checkbox"/> Other            <input type="checkbox"/> None       </p> <p><input checked="" type="checkbox"/> Deposit Account:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Deposit Account Number</td> <td style="width: 50%;">50-0552</td> </tr> <tr> <td>Deposit Account Name</td> <td>Davidson Davidson &amp; Kappel, LLC</td> </tr> </table> <p>The Commissioner is authorized to: (check all that apply)</p> <p> <input checked="" type="checkbox"/> Charge fee(s) indicated below            <input checked="" type="checkbox"/> Credit any overpayments       </p> <p> <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application       </p> <p> <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.       </p>				Deposit Account Number	50-0552	Deposit Account Name	Davidson Davidson & Kappel, LLC	<p style="margin: 0; font-weight: bold;">FEE CALCULATION (continued)</p>																																																																																																																																																																																																																																																	
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1453	1,300	2453	650	Petition to revive - unintentional	1300																																																																																																																																																																																																																																																				
1501	1,300	2501	650	Utility issue fee (or reissue)																																																																																																																																																																																																																																																					
1502	470	2502	235	Design issue fee																																																																																																																																																																																																																																																					
1503	630	2503	315	Plant issue fee																																																																																																																																																																																																																																																					
1460	130	1460	130	Petitions to the Commissioner																																																																																																																																																																																																																																																					
1807	50	1807	50	Processing fee under 37 CFR 1.17 (q)																																																																																																																																																																																																																																																					
1806	180	1806	180	Submission of Information Disclosure Stmt																																																																																																																																																																																																																																																					
8021	40	8021	40	Recording each patent assignment per property (times number of properties)																																																																																																																																																																																																																																																					
1808	750	2809	375	Filing a submission after final rejection (37 CFR § 1.129(a))																																																																																																																																																																																																																																																					
1810	750	2810	375	For each additional invention to be examined (37 CFR § 1.129(b))																																																																																																																																																																																																																																																					
1801	750	2801	375	Request for Continued Examination (RCE)																																																																																																																																																																																																																																																					
1802	900	1802	900	Request for expedited examination of a design application																																																																																																																																																																																																																																																					
Other fee (specify) <u>Notice of Appeal</u>					320																																																																																																																																																																																																																																																				
*Reduced by Basic Filing Fee Paid																																																																																																																																																																																																																																																									
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<p style="margin: 0; font-weight: bold;">2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2"></th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>-20 **</td> <td>0</td> <td>18</td> <td>0</td> </tr> <tr> <td>Independent Claims</td> <td>-3 **</td> <td>0</td> <td>84</td> <td>0</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td></td> <td>0</td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>1202</td> <td>18</td> <td>2202</td> <td>9</td> <td>Claims in excess of 20</td> </tr> <tr> <td>1201</td> <td>84</td> <td>2201</td> <td>42</td> <td>Independent claims in excess of 3</td> </tr> <tr> <td>1203</td> <td>280</td> <td>2203</td> <td>140</td> <td>Multiple dependent claim, if not paid</td> </tr> <tr> <td>1204</td> <td>84</td> <td>2204</td> <td>42</td> <td>** Reissue independent claims over original patent</td> </tr> <tr> <td>1205</td> <td>18</td> <td>2205</td> <td>9</td> <td>** Reissue claims in excess of 20 and over original patent</td> </tr> <tr> <td colspan="5" style="text-align: right;">SUBTOTAL (2)</td> </tr> </tbody> </table> <p style="margin: 0; font-size: small;">**or number previously paid, if greater; For Reissues, see above</p>						Extra Claims	Fee from below	Fee Paid	Total Claims	-20 **	0	18	0	Independent Claims	-3 **	0	84	0	Multiple Dependent				0	Large Entity		Small Entity		Fee Description	Fee Code	Fee (\$)	Fee Code	Fee (\$)	1202	18	2202	9	Claims in excess of 20	1201	84	2201	42	Independent claims in excess of 3	1203	280	2203	140	Multiple dependent claim, if not paid	1204	84	2204	42	** Reissue independent claims over original patent	1205	18	2205	9	** Reissue claims in excess of 20 and over original patent	SUBTOTAL (2)																																																																																																																																																																																															
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<p style="margin: 0; font-weight: bold;">SUBMITTED BY</p>						<p style="margin: 0; font-weight: bold;">Complete if applicable</p>	
Name (Print/Type)	William C. Gehris	Registration No. Attorney/Agent	38,156	Telephone	(212) 736-1940		
Signature				Date	August 28, 2003		

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